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TRANSMIT FORM		First Named Inventor	7/8/2003
(to be used for all correspondence after initial filing)		Art Unit Examiner Name	practiv
Total Number of Pages in This	Submission	Attorney Docket Number	784
		LOSURES (Check all that	
Fee Transmittal Form Fee Attached Amendment/Reply After Final Affidavits/decla Extension of Time Req Express Abandonment Information Disclosure Certified Copy of Priorit Document(s) Response to Missing P Incomplete Application Response to Munder 37 CFR	Request Statement ty arts/		to Technology Center (TC) Appeal Communication to Board of Appeals and Interferences Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) Proprietary Information Status Letter Other Enclosure(s) (please Identify below): Cerrue Cappair (Capplated)
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Signature	John Rom	Date	8/4/04
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FEE	TR	AN	SMI	TT	AL
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Effective 10/01/2003. Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT

& TRAPS

Complete if Known		
Application Number	10/616,251	
Filing Date	7/8/2003	
First Named Inventor	7/8/2003 MARTIN	
Examiner Name	1641	
Art Unit	,	
_Attorney Docket No.		

METHOD OF PAYMENT (check all that apply)	FEE CALCULATION (continued)					
Check Credit card Money Other None	3. AD	DITI	ONAL	. FEE	S	
Deposit Account:		ntity	Small	Entity		
Deposit	Fee I Code	Fee (\$)		Fee (\$)	Fee Description	Fee Paid
Account Number		130	2051	• • •	Surcharge - late filing fee or oath	65
Deposit Account	1052	50	2052	25	Surcharge - late provisional filing fee or cover sheet	
Name	1053	130	1053	130	Non-English specification	
The Director is authorized to: (check all that apply) Charge fee(s) indicated below Credit any overpayments	1812 2	,520	1812 2	2,520	For filing a request for ex parte reexamination	
Charge fee(s) indicated below Credit any overpayments Charge any additional fee(s) or any underpayment of fee(s)	1804	920*	1804	920*	Requesting publication of SIR prior to Examiner action	
Charge fee(s) indicated below, except for the filing fee	1805 1	.840*	1805	1.840*	Requesting publication of SIR after	
to the above-identified deposit account.				.,-	Examiner action	
FEE CALCULATION	1251	110	2251	55	Extension for reply within first month	
1. BASIC FILING FEE	1252	420	2252			
Large Entity Small Entity	1253	950	2253		Extension for reply within third month	
Fee Fee Fee Fee Description Fee Paid Code (\$) Code (\$)	1254 1	,480	2254	740	Extension for reply within fourth month	
1001 770 2001 385 Utility filing fee	1255 2	,010	2255	1,005	Extension for reply within fifth month	
1002 340 2002 170 Design filing fee	1401	330	2401	165	Notice of Appeal	
1003 530 2003 265 Plant filing fee	1402	330	2402		Filing a brief in support of an appeal	
1004 770 2004 385 Reissue filing fee	1403	290	2403	145	Request for oral hearing	
1005 160 2005 80 Provisional filing fee	1451 1		1451	•	Petition to institute a public use proceeding	
SUBTOTAL (1) (\$)	1452	110	2452	55	Petition to revive - unavoidable	
· · · · · · · · · · · · · · · · · · ·		,330	2453	665	Petition to revive - unintentional	665
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE Fee from		,330	2501		Utility issue fee (or reissue)	
Extra Claims below Fee Paid Total Claims _20** = X	1502	480	2502		Design issue fee	
Independent 3** - V	1503	640	2503		Plant issue fee	
Claims	1460	130	1460		Petitions to the Commissioner	
Large Entity Small Entity	1807	50	1807		Processing fee under 37 CFR 1.17(q)	
Fee Fee Fee Fee Description	1806	180	1806		Submission of Information Disclosure Stmt	
Code (\$) Code (\$) 1202 18 2202 9 Claims in excess of 20	8021	40	8021	40	Recording each patent assignment per property (times number of properties)	
1202 18 2202 9 Claims in excess of 20 1201 86 2201 43 Independent claims in excess of 3	1809	770	2809	385	Filing a submission after final rejection (37 CFR 1.129(a))	
1203 290 2203 145 Multiple dependent claim, if not paid	1810	770	2810	385	For each additional invention to be	
1204 86 2204 43 ** Reissue independent claims over original patent	1801	770	2801	385	examined (37 CFR 1.129(b)) Request for Continued Examination (RCE)	
1205 18 2205 9 ** Reissue claims in excess of 20 and over original patent	1802	900	1802	900	• • • • • • • • • • • • • • • • • • • •	
<u> </u>		ee (sp	ecify)			
SUBTOTAL (2) **or number previously paid, if greater; For Reissues, see above				iling Fe	ee Paid SUBTOTAL (3) (\$) 6	5 t 6
or number previously paid, if greater, For heissdes, see above					σσσσσσσσσσσσσσσσσσσσσσσσσσσσσσσσσσσσσσ	<u>, </u>

SUBMITTED BY (Complete (if applicable), Registration No. Name (Print/Type) 105 S 30530 Telephone 25 Signature Date

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